PTO/SB/06 (08-03)
Approved for use through 7/31/2008, OMB 0651-0032
U.S. Peters and Tradement Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Doctors Number 1999		
CLAIMS AS FILED - PART! (Cotumn 1) (Cotumn 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILE			ER FILED	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.18(a))								1	OR		s
67	AL CLAMS OFR 1.18(c))		minus 20			X 8•					
	EPEKDENT CLAI CFR 1.16(b))	M6	minus 3				x 1		OR	x 8•	
MULTIPLE DESENDENT CLAIM PRESENT (37 CFR 1.16(4))							+2		OR	+=	
* 8 the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 3)					SMALL ENTITY		QR.	OTHER THAN SMALL ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total promisero	. 6	Minus	- 39	•		X 5=		CR	X 8=	
MEN	tuqupendent transpendent	10	Minus	-33	•		x 4		CR	x s	
A	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLANS (87 CF	F 1.18(4)		+1		OR	+:	
							TOTAL ADOL FEE	/	OR	TOTAL ADDL FEE	
		(Column 1)		(Coturan 2)	(Column 3)	_				/	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDME	Total (27 GFR 1.VR/g)	· 5	Minus	- 39	•	1	x s		CPR	x s•	
	independent (37 CFR 1.140-3	. 6	Minus	- 33	•	1	x 3*		QR	x s =	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.140).							+=		QR	+80	
							ADD'L FEE	l	OR	ADDIL FEE	
(Column 1) (Column 2) (Column 3)											
NTC	1 25 07	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	y e	RATE	ADDI- TIONAL FEE
OMENT	Tatal (37 OFR 1.18(4)	. 9	Minus	39	1		x . 25 .		OR	<u>,,50</u> .	
EN	Independent (37 GFA 1.1801)	يا .	Minus	33_	•/		× 100 -		OR	x = 200 .	
AM	RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CFR 1,184(1)						+ 180		ÇR	+.360	•
						•	TOTAL ADOL FEE		OR.	TOTAL ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 2. "If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Rehnest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".											

The Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This colection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.18. This collection is estimated to take 12 minutes to complete installing gatering, preparing, and submitting the completed explication form to USPTO. There will very depending upon the institution on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commissions, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and salect option 2